
**TRAFFIC SAFETY EDUCATION
INSTRUCTIONS FOR CONDITIONAL CERTIFICATION FOR
BEHIND-THE-WHEEL (BTW)**

Conditional BTW Check List

- 1. Must have **60 clock hours of training**, (approval for instructor course must be obtained from the Office of Superintendent of Public Instruction (OSPI) prior to starting the 60 clock hours of instruction) or the equivalent of four 3-quarter credit hour classes in traffic safety education approved by OSPI.
- 2. **FINGERPRINTS** – Washington State law requires that any applicant who does not hold a valid Washington certificate at the time of application must be fingerprinted for a state and national background check.
- 3. **FORM SPI M-770** - Application for a Washington Conditional Certificate in Traffic Safety Education. This form must be completely filled out, including Section D and E, showing a commitment of employment, signed affidavit and intent to employ from the local school district.
 - **Signed Section E: Affidavit**
 - **Signed Section F: Training Verification** by the classroom instructor verifying the successful completion of the 60 clock hour course (must have approval to conduct an instructor course on file with the Office of Superintendent of Public Instruction), or official transcripts for Central Washington University.
 - **Signed Section G: Intent to Employ**
 - **Signed Section H: Verification of Successful Evaluation**
- 4. **FORM SPI/CERT 4020B** – Character and Fitness Supplement. This form must be completely filled out.
- 5. **FORM SPI/CERT 4020C** – Verification of Good Standing for Certificates Held in Other States (if needed).
- 6. Attach original “complete five-year driving abstract,” listing your driving record for the past five years. This abstract must be dated within the last two months of the date the application was submitted, and may not show more than 1 violation in 12 months or 2 violations in 2 years.
- 7. An evaluation is required. When the application and all supporting documents are complete contact an evaluator. Central Washington University training participants will be evaluated by CWU staff at the completion of the course. All others should contact:

ESD 113 – Traffic Safety Education
601 McPhee Road
Olympia, WA 98502
360-964-6868
- 8. Upon passing, your application will be signed. You will then forward your complete application to your local Educational Service District (ESD) for processing. Please reference attached guide on last page of this check list. Please make your check payable to the ESD; **OSPI cannot accept your fee payment.**

Only complete and original documents will be accepted for processing by both the ESD and OSPI.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Traffic Safety Education
 Old Capitol Building
 PO BOX 47200
 OLYMPIA, WA 98504-7200
 (360) 725-6120 TTY (360) 664-3631

TYPE OF CERTIFICATE

- BTW Conditional Cert.
- Classroom Conditional Cert.
- Reinstatement of Conditional Cert.

APPLICATION FOR A WASHINGTON CONDITIONAL CERTIFICATE IN TRAFFIC SAFETY EDUCATION

SECTION A: PERSONAL INFORMATION

PRINT NAME IN FULL (Last, First, Middle)		OTHER NAMES USED AT ANY TIME
ADDRESS (Street, City, State, Zip)		TELEPHONE Business: () Home: ()
SOCIAL SECURITY NO. (Optional)	DATE OF BIRTH	PLACE OF BIRTH
Have you ever held a Washington certificate or permit authorizing teaching or other educational service in the schools of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your certificate number? _____		
Do you hold or have you held an educational certificate in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the attached "Verification of Good Standing for Certificates Held in Other States" (FORM SPI/CERT 4020C) and return with your application.		
E-MAIL ADDRESS		

SECTION B: MEDICAL INFORMATION

Are you under the care of a physician or taking medication for a condition which would affect your ability to serve as a driving instructor, such as heart disease, hypertension, diabetes mellitus, stroke or cerebral vascular disease, neurological condition, epilepsy, or psychiatric condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is your driver license in force on a medical or other restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C: NONEDUCATIONAL EMPLOYMENT HISTORY

Complete the following information on your employment history.

Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	
Employer or District	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone Number	

ATTACH ADDITIONAL SHEETS IF NECESSARY

OSPI ONLY			
APPROVED BY	TYPE OF CERTIFICATE ISSUED	ENDORSEMENT	ISSUED:
			MAILED:
			CODES:

Educational service district
 please return to: TRAFFIC SAFETY EDUCATION
 OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 OLD CAPITOL BUILDING
 PO BOX 47200
 OLYMPIA WA 98504-7200

SECTION D: REQUIREMENTS

INCLUDE THE FOLLOWING ITEMS WITH THIS APPLICATION:

1. Record(s) from the Washington State Department of Licensing and/or other driver licensing jurisdiction for a five-year period showing:
 - (a) Not more than one moving traffic violation within the preceding 12 months or more than two moving traffic violations in the preceding 24 months.
 - (b) No alcohol-related traffic violations within the preceding five years.
 - (c) No driver license suspension, cancellation, revocation, or denial within the preceding three years.
2. Documents verifying the minimum number of clock hours of study in the field of classroom or driving instruction as required in WAC 392-153-021.

SECTION E: AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If the answers to any question on the application or the moral character and personal fitness section on the application change prior to my being granted certification, I must immediately notify Traffic Safety Education at the Office of Superintendent of Public Instruction.

Applicant Signature

Date and Place

SECTION F: TRAINING VERIFICATION TO BE SIGNED BY THE TRAINING PROVIDER (TRAINING MUST BE PRE-APPROVED BY OSPI)

This will verify that _____ has successfully demonstrated the instructional competencies for the classroom or BTW laboratory phase required in WAC 392-153-021.

DATE TRAINING COMPLETED

LOCATION

TRAINING PROVIDER SIGNATURE

SECTION G: INTENT TO EMPLOY

I hereby recommend that _____ be granted a traffic safety education conditional certificate for the following areas:

classroom behind-the-wheel simulator driving range

NAME OF SCHOOL/ESD/PRIVATE SCHOOL

DATE

ADDRESS

CITY/STATE/ZIP

TELEPHONE

FAX

NAME AND TITLE (PRINTED)

E-MAIL ADDRESS

SIGNATURE

SECTION H: CERTIFICATION OF SUCCESSFUL EVALUATION (BTW OR CLASSROOM) BY OSPI APPROVED EVALUATOR

This will verify that _____ has successfully completed an evaluation of competencies required to be issued a btw / classroom (circle) conditional certificate.

DATE OF EVALUATION

EVALUATOR SIGNATURE



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Office of Professional Practices
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 OPP (360) 725-6130 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/cert/>

CHARACTER AND FITNESS SUPPLEMENT

Please complete the following questions carefully and completely before providing information and signing the affidavit. **Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.**

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH ON A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME	LAST	FIRST	MIDDLE	2. MAIDEN NAME
3. ADDRESS				4. DATE OF BIRTH
CITY/STATE/ZIP				5. SOCIAL SECURITY NO. (OPTIONAL)
6. TELEPHONE				7. E-MAIL
BUSINESS: ()				HOME: ()
8. Please list all former names you have used and approximate dates of use. (If more than three, list on separate sheet of paper.)				
				Date
				Date
				Date

SECTION II - PROFESSIONAL FITNESS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever held or do you currently hold a Washington education certificate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever held or do you currently hold any education certificate, credential or license authorizing service in the public/private schools in another state, province, territory, or country? If "yes," list the states, provinces, territories, and/or countries: |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently or have you ever been the subject of any certificate or licensing investigation or inquiry by any certification or licensing agency for allegations of misconduct? If "yes," on a separate sheet of paper, list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry. |

If you answer "yes" to questions 4 through 11 (Section II), on a separate sheet of paper, give a complete explanation, including duties, circumstances, and supporting documentation.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions [including stayed], revocations, voluntary surrenders, or avoidance.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been denied, or otherwise rejected for cause, an education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever withdrawn an application for any education certificate, credential, or license? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever practiced in any educational position in a public school for which you did not hold the appropriate valid educational certificate, credential, or license for that position? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been dismissed, discharged, or fired from any employment position involving children or dependent adults? (Do not include RIFs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending? |

- Yes No
10. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
- Yes No
11. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct?

SECTION III - CRIMINAL HISTORY

If you answer "yes" to any of the questions 1–5 (Section III), please provide the following:

- A. On a separate sheet of paper state the following:
- A detailed statement including what occurred, the nature of the offense, charge or warrant.
 - The name and address of the arresting agency.
 - If a court was involved, the name and address of the court.
 - The date of the arrest.
 - The final disposition, if any.
- B. If a court was involved, provide a copy of the court docket (can be obtained at the court in which the charge[s] were filed).
- C. Provide a copy of the complete arresting officer's report.
- D. If a court was involved, provide the sentence and judgment (can be obtained at the court in which the charge[s] were filed).
- E. If the arrest was driving related, provide a copy of a current and complete 5-year driving abstract.

NOTE: For questions 1, 2, 3, DO NOT include minor in possession (MIP)/minor in consumption (MIC) occurring more than 2 years ago or driving under influence (DUI) occurring more than 5 years ago.

- Yes No
1. In the last 10 years, have you ever been arrested for any crime or violation of the law? (Do NOT include Minor in Possession [MIP]/Minor in Consumption [MIC] occurring more than 2 years ago or Driving Under Influence [DUI/DWI] occurring more than 5 years ago.) (Note: For "yes" responses to 1, 2, 3, even if your case was dismissed or your record was sealed you must answer this question in the affirmative.) You need not list traffic violations for which a fine or forfeiture of less than \$300 was imposed.
2. In the last 10 years, have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
3. In the last 10 years, have you ever been convicted of any crime or violation of any law? (Note: For the purpose of this question "convicted" includes [1] all instances in which a plea of guilty or nolo contendere is the basis of conviction, [2] all proceedings in which a sentence has been suspended or deferred, [3] or bail forfeiture.) You need not list traffic violations or fines for which a fine or forfeiture of less than \$300 was imposed.
4. Have you ever been convicted of any felony crime?
5. Do you currently have any outstanding criminal charges or warrants of arrest pending against you? This would include Washington State, any other state, province, territory, and/or country.
6. Have you ever been or are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes," identify agency and location (street address, city, state) and the circumstances or details relating to the investigation on a separate piece of paper.

SECTION IV - FITNESS

If you answer "yes" to any question (Section IV), provide a written explanation on a separate sheet of paper:

- Yes No
1. Have you ever exhibited any behavior or conduct which might negatively impact your ability to serve in a role which requires a certificate, credential, or license?
2. In the past 10 years, have you ever engaged in any conduct which resulted in the damage or destruction of property? (For purposes of questions 2 and 3, property includes both real and personal property owned by you or another. Do not list damages done as the result of an automobile accident.)
3. In the last 10 years, have you ever threatened to damage or destroy property?
4. Have you ever engaged in any conduct which resulted in the physical injury or harm of any person(s)? (Do not list injury or harm caused as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)
5. Have you ever threatened to do physical injury or harm to any person(s)? (Do not list threats issued as the result of duties performed due to a job assignment such as police officer, armed forces member, or athlete.)

SECTION IV - FITNESS

- Yes No
 6. Do you have a medical condition which in any way impairs or limits your ability to serve in a certificated role with reasonable skill and safety?
- N/A 7. If you use chemical substance(s), does this use in any way impair or limit your ability to serve in a certificated role with reasonable skill and safety?
- N/A If you disclosed a "yes" answer to questions 6 or 7 above, are the limitations or impairments caused by your medical condition(s) or substance abuse reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.
8. Do you currently use illegal drugs?
9. Have you used illegal drugs in the last year?
- N/A If you disclosed a "yes" answer to question 9 above, have you successfully completed or are you participating in a supervised rehabilitation program? Please explain on a separate sheet of paper and provide the name, address, and telephone number of the program.

If you answer "yes" to questions 10 or 11, attach copies of any court orders entered in the proceeding.

- Yes No
 10. Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor?
11. Have you ever been found in any dependency or domestic relation matter to have physically abused any person?

If you answer "yes" to questions 12 or 13, and a repayment agreement has been established, attach copies of the repayment agreement from the appropriate agency.

- Yes No
 12. Are you currently in default status on any educational loan or scholarship? (Do not include loans that are currently in a compliant deferment status.)
13. Are you currently in non-compliance with a support order?

SECTION V - CHARACTER REFERENCES

List three individuals, not related to you, who will serve as character references.

NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	
NAME	TELEPHONE NUMBER ()
MAILING ADDRESS	CITY/STATE/ZIP
E-MAIL ADDRESS (OPTIONAL)	

*** ATTENTION ***

Please complete the appropriate sections on the next page (pg. 4 of 4).

ALL APPLICANTS MUST COMPLETE THE AFFIDAVIT

AFFIDAVIT

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or character and fitness supplement changes prior to my being granted certification, I must immediately notify the Office of Professional Practices and my college/university if I am a college/university candidate.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational certificate, credential, or license.

SIGNATURE

DATE

CITY/STATE

COLLEGE/UNIVERSITY STUDENTS ONLY

Please also complete the release below:

AFFIDAVIT

I hereby authorize _____ to release, orally or in writing as may be requested, all student records and other personally identifiable information to the Office of the Superintendent of Public Instruction (OSPI) for the purpose of investigating and determining my eligibility for Washington State certification pursuant to RCW 28A.410, WAC 181-86, and WAC 181-87, as now or hereafter amended.
(name of college/university)

SIGNATURE OF APPLICANT

DATE

FEE PAYMENT SCHEDULE

All Fees Are Nonrefundable

If more than one application packet is being submitted, only one fee payment schedule needs to be completed.

APPLICATIONS SUBMITTED		CERT. FEE	AMOUNT
TEACHERS	Residency Teacher Certificate (1 st Issue)	\$35	_____
	5-Yr Renewal of Residency Teacher Certificate	\$25	_____
	2-Yr Renewal of Residency Teacher Certificate	\$10	_____
	Renewal of Initial Teacher Certificate*	\$15	_____
	Continuing Teacher Certificate*	\$70	_____
	Professional Teacher Certificate (or Renewal)	\$25	_____
	Intern Substitute Certificate	\$5	_____
	Additional Endorsement Application [per endorsement]	\$15	_____
EDUCATIONAL STAFF ASSOCIATES	Residency ESA Certificate (psychologist, counselor, social worker) [per role]	\$35	_____
	Initial ESA Certificate (speech-language pathologist or audiologist, Nurse, occupational or physical therapist only) [per role]	\$35	_____
	Conversion to Seven-Year ESA Certificate (speech-language pathologist or audiologist, nurse, occupational or physical therapist) [per role]	\$35	_____
	Continuing ESA Certificate [per role]	\$70	_____
ADMINISTRATIVE	Professional ESA Certificate (or Renewal) [per role]	\$25	_____
	Initial Administrator Certificate (Superintendent only)	\$35	_____
	Residency Principal or Program Administrator Certificate [per role]	\$35	_____
	Continuing Administrator Certificate [per role]	\$70	_____
	Professional Administrator Certificate (or Renewal) [per role]	\$25	_____
REINSTATEMENT	Reinst. Of Lapsed Continuing Certificate [per role]	\$15	_____
	Transitional Certificate [per role]	\$10	_____
TRANSITIONAL SUBSTITUTE	Substitute Certificate (Teacher, Admin., or ESA) [per role]	\$15	_____
	Emergency Substitute Certificate (Teacher, Admin., or ESA) [per role]	\$15	_____
ESD PROCESSING FEE	ESD screening fee includes receipt of the fee, review of the collected materials, preliminary evaluation of the application(s), and when appropriate, issuing of temporary permits.		_____ \$ 20
			Subtotal \$ _____
CAREER & TECHNICAL ED	Career & Technical Ed (CTE) Certificate (requires a separate application)	\$1	_____
			Subtotal \$ _____
OTHER FEES <i>These types of certification may not carry a \$20 processing fee, unless a permit is required.</i>	Separate applications are required for the following:		
	Late fee (expired Initial or Initial Renewal Certificate)	\$100	_____
	Replacement/Name Change on Certificate (per certificate)	\$15	_____
	Emergency Certificate	\$5	_____
	Conditional Certificate	\$10	_____
	Institutional Application Materials (appropriate fee is listed on application)		_____
	First Peoples' Language, Culture and Oral Traditions Certificate	\$25	_____
	Additional fee requested by OSPI		_____
			Subtotal \$ _____

*Only applicable for those holding valid Initial or Initial (Renewal) Certificates. Those applying after Initial or Initial Renewal has expired must include late fee also.

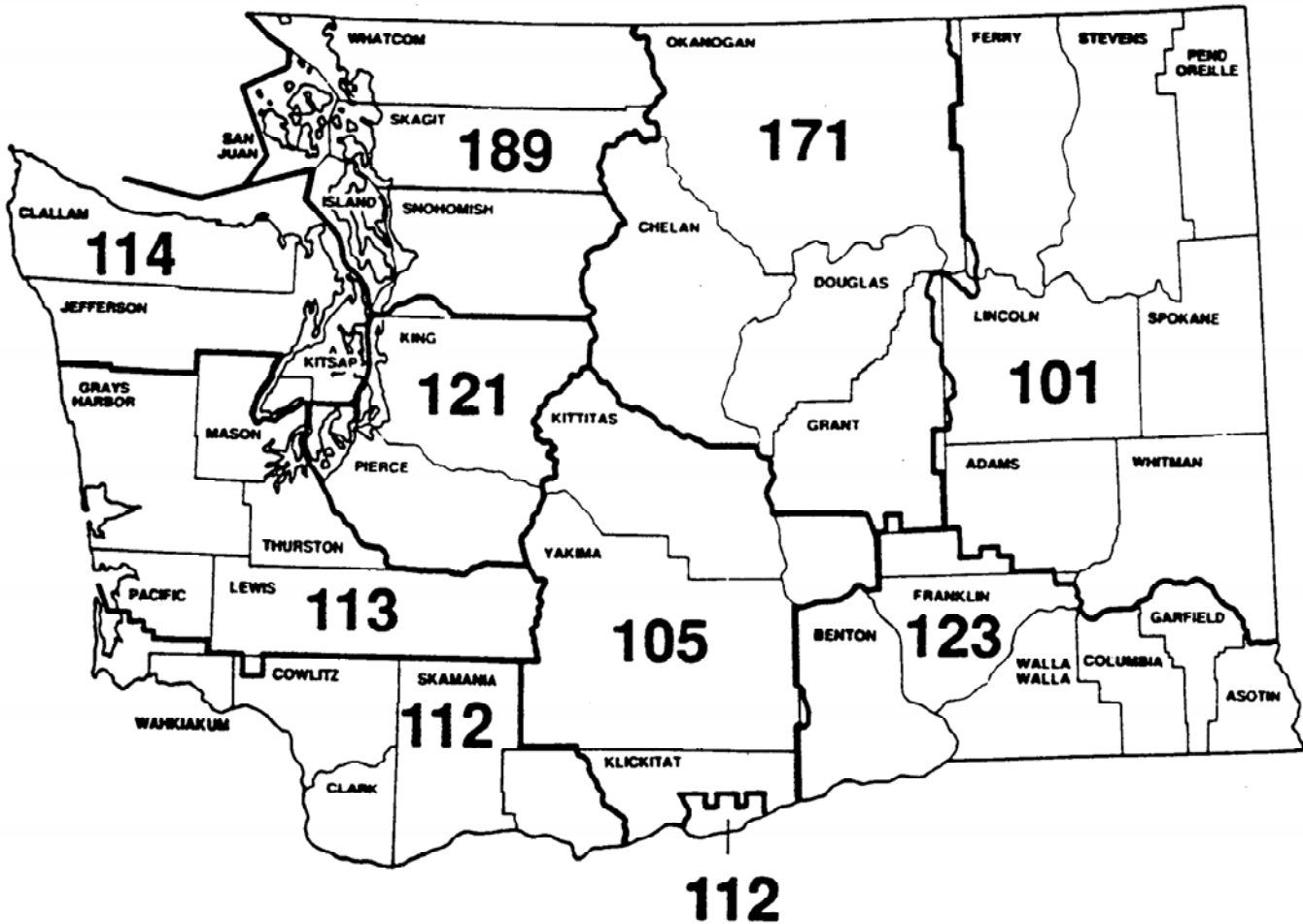
**Only applicable if the applicant already has a Washington teaching certificate.

Make check payable to the ESD in your area [see table at the beginning of this packet for addresses].

FEES (2/08)

TOTAL SUBMITTED	\$ _____
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**FEES PAYABLE AT ANY
EDUCATIONAL SERVICE DISTRICT OFFICE**



DO NOT send your application or fees to the Office of Superintendent of Public Instruction.

Educational Service District Offices

ESD 101	4202 S. Regal	Spokane, WA 99223-7738	(509) 789-3800
ESD 105	33 S. 2nd Ave.	Yakima, WA 98902	(509) 454-3102
ESD 112	2500 N.E. 65th Ave.	Vancouver, WA 98661-6812	(360) 750-7503
ESD 113	601 McPhee Road S.W.	Olympia, WA 98502-5080	(360) 464-6714
Olympic ESD 114	105 National Ave. N.	Bremerton, WA 98312	(360) 478-6868
Puget Sound ESD (121)	800 Oakesdale Ave. S.W.	Renton, WA 98055	(425) 917-7600
ESD 123	3918 W. Court St.	Pasco, WA 99301	(509) 547-8441
North Central ESD 171	P.O. Box 1847	Wenatchee, WA 98807-1847	(509) 665-2621
Northwest ESD 189	1601 R Avenue	Anacortes, WA 98221	(360) 299-4000

(4/08)



Dr. Terry Bergeson

STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

Old Capitol Building, PO BOX 47200, OLYMPIA, WA 98504-7200